

Docket No. \_\_\_\_\_

IN THE MATTER OF  
\_\_\_\_\_(OBLIGOR)

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§  
§

BEFORE THE IV-D AGENCY  
OF THE  
STATE OF TEXAS

**REQUEST FOR HEARING**

**This request for hearing form should be filed with the Coordinator, Office of the Attorney General, within 20 days after you were served with the petition to suspend license and should be completely filled out by you or your attorney if you wish to have a hearing before a decision is made regarding the suspension of your license(s). If you request a hearing, any written proof you want to use at the hearing may be filed with this form but must be filed not later than 20 days before your hearing. Also, a copy of the request and any written proof should be sent to the Petitioner who signed the Administrative Petition to Suspend License. You will be notified of the date and time your hearing has been scheduled. If you do not complete and sign this form, an order suspending your license may be issued without sending you another notice.**

**NOTICIA IMPORTANTE:**

**Este es un documento importante que le avisa de sus derechos legales tocante su licencia(s). Si no habla ingles es importante que alguien le traduzca este documento.**

(This is an important document which advises you of your legal rights regarding your license(s). If you do not speak English it is important that someone interpret this document for you.)

1. I have received the Administrative Petition to Suspend License and Administrative Notice of Filing of Petition to Suspend License in this case.
2. My name, address, telephone number and Social Security number, which I have listed below, are true and correct. I understand that if there are any changes I must immediately notify the Coordinator and all parties. I understand that my failure to supply those changes to the Coordinator may result in my failing to receive notices or other pleadings and documents.
3. I understand that:
  - a. a decision will be made by the agency after a hearing is held based on the testimony and evidence at the hearing;
  - b. I will receive written notice of the decision and the reasons for the decision; and
  - c. the Office of the Attorney General cannot represent me or give me legal advice; I have the right to hire my own attorney to represent me at the hearing.
4. I hold the following licenses issued by the listed licensing authorities:

Type of License	License Number	Licensing Authority
_____	_____	_____
_____	_____	_____

5. I request a Hearing on the Administrative Petition to Suspend License for the following reason(s): (Check those that apply.)

\_\_\_\_\_ I owe less than the amount of child support due for three months under the court order. (Please explain and attach clear copies of receipts, canceled checks, affidavits of payment, or other written proof. Originals are not required).

\_\_\_\_\_ I am not the person who owes child support. (Please explain and attach proof.)

\_\_\_\_\_ I am in compliance with a previous agreed or court-ordered repayment schedule. (Please attach a copy of the repayment agreement or the court order, and proof of payments).

\_\_\_\_\_ Other. (Please explain and attach proof.)

6. Please read and check one of the following choices for your hearing:

\_\_\_\_\_ **IN PERSON** - I will be present for the in-person hearing set in this case. I understand that an in-person hearing is always held at the State Office of Administrative Hearings whose current address is 300 West 15<sup>th</sup> Street, 4<sup>th</sup> Floor, Austin, Texas. Should the current address of the State Office of Administrative Hearings ever change, such new address will be stated in the Notice of Hearing. When the hearing date is set, the Coordinator will send the Notice of Hearing to the address I listed below.

**OR**

\_\_\_\_\_ **TELEPHONIC** - I request that the hearing on the Administrative Petition to Suspend License be conducted by telephone. I will be at the following telephone number for the telephone hearing: (\_\_\_\_\_) \_\_\_\_\_. I understand that if I am at a different phone number on the date of the hearing, it is my responsibility to notify the Coordinator of the number where I may be reached. I understand that an order suspending my license may be entered by default if I am not available for the telephonic hearing at the telephone number I have given the Coordinator.

7. I am sending the original of this Request for Hearing to the Coordinator for filing and a copy, including any documents I have provided, to the party or the attorney who signed the Petition. I am retaining all documents that were served on me and copies of all that I later provided. I am keeping these documents in the same order as they were when I received them or sent them to others. These will be used at the hearing. It is my responsibility to have every document with me at the time of the hearing.

**IF YOU ARE REPRESENTED BY AN ATTORNEY, PLEASE FILL IN THE INFORMATION BELOW.  
ALL NOTICES AND LETTERS WILL BE SENT TO YOUR ATTORNEY.**

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ THIS REQUEST FOR HEARING  
AND THAT ALL THE RESPONSES ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Daytime Phone Number

**This Request for Hearing must be returned to and filed with:**

**Coordinator,  
Office of the Attorney General  
Child Support Division  
P.O. Box 12017, Mail Code 039-3  
Austin, Texas 78711-2017 (Postal Service delivery)**

**Or**

**Coordinator,  
Office of the Attorney General  
Child Support Division  
5500 E. Oltorf  
Austin, Texas 78741 (hand delivery)  
Telephone # (512) 460-6046 Fax # (512) 460-6611**

**A copy of this Request for Hearing and any written proof should also be delivered to the Petitioner who signed the  
Administrative Petition to Suspend License.**